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A Dialectical Perspective on the Adaptive Information Processing Model and EMDR Therapy

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This article proposes a dialectical perspective on the adaptive information processing (AIP) model (F. Shapiro, 1995, 2001) with application to eye movement desensitization and reprocessing (EMDR) therapy. Dialectical principles may contribute to a more detailed understanding of the way the AIP system works as well as adding new therapeutic guidelines. Our dialectical perspective is based on 2 propositions. The first is that the movement of the AIP system toward integration consists of 2 dialectical movements: horizontal and vertical. The horizontal movement is between various opposites of the individual such as danger versus safety, dependence versus independence, worthlessness versus self-worth. The vertical movement relates to whole/part shifts in which a whole becomes a part of the next higher whole. The synergetic flow of both dialectical movements is depicted as a spiral of the AIP system. The second proposition suggests that the AIP system operates through cycles of differentiation and linking. These cycles separate the condensed and fragmented memory network into parts, enabling new links to occur. Differentiation and linking are also discussed in relation to dialectical attunement and mindful dual awareness. Using clinical vignettes, we illustrate how this perspective can supply the EMDR therapist a map of the client's associative processing, enhance attuned therapeutic presence, and promote effective dialectical interweaves when processing is stuck.

Keywords: EMDR; adaptive information processing (AIP) model; dialectical; linking; differentiation; mindful dual awareness (MDA)

Eye movement desensitization and reprocessing's (EMDR's) wide range of therapeutic applications is grounded in the adaptive information processing (AIP) model that guides its clinical practice (F. Shapiro, 1995, 2001, 2007). This model proposes that to make sense of incoming stimuli, new experiences are assimilated into existing memory networks. As new experiences are processed, they are "metabolized" or "digested," resulting in new learning and guidance for the future (F. Shapiro, 2007). Pathology is understood to result when unprocessed traumatic or adverse life experiences are stored in state-specific form, frozen in time, in their own neural network, unable to connect with other memory networks which hold adaptive information. During EMDR therapy, the components of the implicitly stored experiences (sensory perceptions, emotions, thoughts, body sensations, beliefs) are activated and gradually linked to larger adaptive memory networks. "Clinical experience has shown that once specific memories are reprocessed, the client's sense of self-worth and self-efficacy shift automatically. This leads spontaneously to new, more self-enhancing behaviors" (F. Shapiro, 2001, p. 19).

Bergmann (2012) regards the AIP model as a synthesis of neuroscience and psychotherapy that includes both the physically based information processing system that assimilates new experiences into already existing memory networks and the linking of neural networks as it relates to an individual's experience (thoughts/beliefs, images, emotions, and sensations). From our viewpoint, the dialectical perspective adds a further understanding of this synthesis.

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Dialectical Constructs

Western and Eastern philosophies have examined the constructs of polarity and the resulting dynamic unity of opposites for thousands of years (Watts, 1963). In classical Greek philosophy, dialectic is a form of dialogue with propositions (thesis) and counter-propositions (antithesis) resulting in a new synthesis (Williams, 1989). In Eastern philosophy, the opposites are conceived as extremities of a single whole, represented, for example, by the primordial female and male energies of Yin and Yang.

Laub and Weiner (2007, 2013) propose a dialectical conceptualization which is applicable to various psychotherapeutic approaches. They also include an extensive review on the importance of opposites and their resulting syntheses in ancient (Harner, 1990) as well as modern psychotherapy: Jungian (Jung, 1963), Gestalt (Perls, 1959), psychosynthesis (Assagioli, 1965), neuro-linguistic programming (Bandler & Grinder, 1982), Voice Dialogue (Stone & Winkelman, 1985), Somatic Experiencing (Levine & Frederick, 1997), dialectical behavior therapy (Lynch, Chapman, Rosenthal, Kuo, & Linehan, 2006), dialectical cotherapy (Hoffman, Gafni, & Laub, 1994; Hoffman & Laub, 2006), and functional dialectical therapy (Almagor, 2011).

A Dialectical Perspective of the Adaptive Information Processing Model

There are already several dialectical elements in EMDR therapy, albeit not described as such. There are the opposites of the negative cognition and the positive cognition, left and right bilateral stimulation (BLS), past and present in dual awareness (observing past traumatic memories while staying present in the safety of the therapy room), and adaptive associations as opposed to traumatic ones. Dialectical principles are not explicitly elaborated in the AIP model. We suggest that doing so will enhance the understanding of how AIP works and how to facilitate it when necessary.

The Inherent Information-Processing Movement Toward Higher Integration

At the heart of the AIP model is the assumption of self-healing, or the natural tendency of the AIP system toward a state of well-being (F. Shapiro, 2001). This is consistent with the dialectical assumption that change is based on the inherent motion of a developmental process moving toward optimal integration (Bopp & Weeks, 1984). This motion can be conceived as an information processing movement, expanding toward higher integration in which the negative theme becomes more adaptive and the self is transformed positively.

The Horizontal Dialectical Movement Between Opposites

The AIP model is consistent with the early classical theorists Freud and Pavlov in their understanding of what is now referred to as information processing. "Specifically, there appears to be a neurological balance in a distinct physiological system that allows information to be processed to an 'adaptive resolution'" (F. Shapiro, 2001, p. 30). In the AIP model, the concepts of opposites is already suggested by F. Shapiro (2001): "For instance, resolution may come when the previously isolated disturbing information is brought into contact with currently held adaptive information" (pp. 31–32). This partnering of opposites for balance is very much in line with the dialectical assumption that motion proceeds in the unfolding emergence of thesis, antithesis, and synthesis (Bopp & Weeks, 1984). We refer to the movement between nonadaptive and adaptive associations as the horizontal dialectical movement between specific opposites of the individual such as danger versus safety, dependence versus independence. The resulting synthesis is a higher integration with a new balance between opposites leading to another synthesis and so on. This horizontal movement of the AIP system can be tracked in EMDR therapy and the therapist can intervene dialectically to restore the AIP system.

Case Illustration

An EMDR client processed a recent episode of losing her baby girl because of premature birth. Toward the end of adaptive processing, she imagined the joyous future wedding of her young sons but the baby girl was in the corner. She tried unsuccessfully to disconnect from her sorrow. The therapist said, "You have a big heart which can contain both sorrow and happiness." The therapist chose this interweave to suggest to the client that she can contain the opposites and need not suppress one. This dialectical interweave restored the flow of her AIP system. On the following set of BLS she said,

> Before, I saw them (sorrow and happiness) separated, but now, I can slowly connect them, and the baby is not in the corner anymore. I am allowed to be happy. I can enter the hospital (where she gave birth), which I feared so much. There is sorrow . . . I can give birth there again.

The Vertical Dialectical Movement of Whole/Part Shifts

According to F. Shapiro (2001), EMDR treatment leads to an accelerated progression toward health or positive emotions and higher self-regard. In our view, these transformations can be explained by another dialectical assumption that the universe operates like a vastly differentiated organism of interacting systems, organized hierarchically within larger systems (Bopp & Weeks, 1984). This whole/part hierarchy consists of a whole which becomes a part of a higher whole (Koestler, 1978; Smuts, 1926; Wilber, 1996). For example, atoms make up molecules, molecules make up cells, cells make up organs, and so on. Siegel (1999) adopted the principle of self-organization in systems from mathematical complexity theory. This principle suggests that systems move toward maximal complexity or a coherent and harmonious whole.

The Whole/Part Sequence of Four Levels of Information. Wilber (1996) describes a whole/part hierarchy consisting of four levels of information: sensorimotor, emotional, cognitive, and spiritual. This hierarchy which expands in whole/part shifts toward greater integration, or wholeness has been referred to in a previous article as the vertical dialectical movement (Laub & Weiner, 2013). We suggest that this vertical movement may explain the expanding nature of the AIP system.

The vertical movement enables the client to shift from a partial perspective to a more complex and whole one. For example, during processing, an intrusive sensorimotor fragment becomes part of a more complex sensorimotor and emotional experience. When the AIP system expands to the cognitive level, the three levels of information become more integrated and insights with a higher perspective come up. This goes together with the transformation of the negative theme into an adaptive one. Sometimes, the AIP system expands further to the spiritual level comprising all four levels of information. This expansion goes with transcendental experiences of connectedness to the self, others, and the universe.

The Whole/Part Sequence of Fragment, Event, Episode, Theme, and Identity. The whole/part sequence of fragment, event, episode, theme, and identity can be tracked more easily after recent trauma (Laub & Weiner, 2011; E. Shapiro & Laub, 2008, 2009). The EMDR Recent Traumatic Episode Protocol (R-TEP), which is an adaptation of the standard EMDR protocol for early intervention, defines the traumatic episode as series of events from the original traumatic incident until today. The episode comprises multiple targets such as intrusive simple fragments and more complex experiences, which are parts of the various events within the traumatic episode. This sequence is concurrent with the whole/part sequence of the four levels of information (sensorimotor, emotional, cognitive, spiritual).

Case Illustration

A client who had a recent car accident was treated with the EMDR R-TEP. Her first target was a simple intrusive sensorimotor fragment: "the moment when the car is in the air and I see sparks." As processing proceeded, she recalled more complex experiences with sensorimotor and emotional aspects, such as the phone call to her father while feeling anxious and needy and her father arriving and taking control. The client's processing expanded from a simple sensorimotor "whole" which became part of a higher whole with more levels of information. As various other parts of the traumatic episode were processed and syntheses between various opposites came up, her cognitive theme of over-responsibility and over-control began to transform. The client realized that she carried too much responsibility. She could let go and still remain responsible and in control. This transformation of the theme indicated a new balance between control and lack of control, resulting in a more flexible attitude toward herself and others, as well as new choices and behaviors. The client's processing did not expand to the spiritual level.

The whole/part sequence is described schematically to illustrate the expanding nature of the AIP system. During EMDR therapy, levels can overlap. Clients have unique patterns of processing, usually beginning with what each is most familiar with and later going to less accessible levels. If whole/part shifts get stuck, the therapist can make an interweave promoting a less accessible level of information (sensory data, body sensations, emotions, or thoughts). This enhances the vertical dialectical movement toward higher integration.

The Spiral of the Adaptive Information Processing System

We propose that the AIP system expands toward greater complexity, harmony, and wholeness because of the synergetic flow of both dialectical movements depicted as a spiral (see Figure 1). The AIP system oscillates during trauma processing, sometimes reaching a new integration and sometimes going

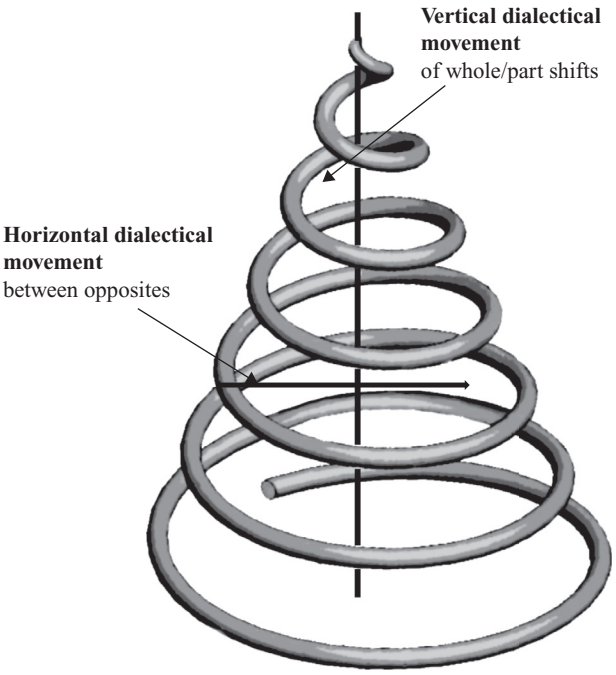

FIGURE 1. The spiral of the adaptive information processing system.

downward to process more implicit and vulnerable experiences. At the beginning of trauma processing, the spiral of the AIP system is wide because the opposites of the individual are far apart, unconnected, and with little dialectical movement between them. The individual's perception is rigid and one-dimensional. It is also partial because the vertical dialectical movement is limited and parts do not change into greater wholes. During processing, the horizontal dialectical movement begins to flow naturally and opposites get closer to each other, gradually resulting in new syntheses. As processing expands further, vertical shifts emerge. This is depicted in the narrowing of the spiral movement moving upwards as the individual acquires a more balanced and whole perspective. Understanding the oscillating nature of the AIP system can help the therapist make clinical choices of when and how to intervene if processing is stuck.

Case Illustration

The following example illustrates the oscillating nature of the AIP system. It also shows the use of dialectical interweaves that make the opposites more accessible, facilitating the horizontal dialectical movement and the therapist's validation of vertical shifts. The client has been in therapy for a few years and has processed sexual abuse in childhood which impaired her marital relations. She asked for an EMDR session to process a future performance of her songs and lyrics, which she was very anxious about. From the beginning, her associative processing flowed, moving horizontally between various opposites like running away from the stage and staying, avoiding and pleasing, feeling incompetent and competent. Then, a synthesis emerged when she recalled a song she wrote entitled, "I Feel Wonderful Where I Am." On the next set of BLS, she said,

> It is connected to the trauma [a downward vertical dialectical movement] in the sense of how I behaved in those moments [of the abuse]. I don't know what's going on . . . and I am . . . totally in a different place and I feel wonderful [dissociation]. But it was not wonderful at all; I felt very ill, very much in pain. Again, it's two poles, do you see it?

The therapist said, "So notice what happens when you move between them. . . ." (The therapist encouraged the client to notice the opposites so as to facilitate the horizontal dialectical movement.) Client: "I need a tissue, OK, I'll notice it, now it's annoying, it is there. This fucking trauma everywhere." Therapist: "Let whatever comes come, just let it pass and notice whatever comes like in a movie." (The therapist was attuned to the need for introducing distancing as opposed to the client's feeling overwhelmed, facilitating the dialectical movement.) The client said,

> I feel it's like self-persuasion, I hear that song, "I feel wonderful where I am" and it goes on, "I love myself the way I am." I sing it and all I want is to shout: I am not well at all, I don't feel wonderful. I have no spouse, and I went through this damned trauma and it's hard, and I want kids and a family, and it's not wonderful at all that I was raped.

The therapist asked the client gently to stay there for a few minutes. (The therapist encouraged the client to be with the anger because this was dialectically opposed to her usual denial of it.) Following the next set of BLS, the client said, "And then everything feels empty and bland." Therapist: "Yes, where do you feel it in your body?" (The therapist tried to help the client link to her body sensations and make them more accessible for processing instead of being dissociated from them. This may enhance the horizontal dialectical movement.) Client: "Inside, in the head, the throat, the chest, sort of. . . ." After a set of BLS she said,

> There is much that I know. I begin to hear these places that made me think that I need to sing these contents, like Native American poetry. It's

like a time continuum, years, some kind of development which I'm going through, its origin is somewhere. (This resource indicated a vertical shift to a spiritual level-approaching a sense of her center while moving toward a wider perspective.)

She continued,

I am standing empty on the stage, and then . . . it starts playing in my head. It feels a bit like truly hearing the "babbling water." [The "babbling water" was a previous resource of feeling in harmony while staying with friends. It was dialectically matched to her fears.] It gives me some perspective, gives me much more space to see the moment I go on stage.

The therapist said, "This is very important. Does it open up something?" (The therapist validated this vertical shift suggesting that it could expand further.) After another set of BLS, the client said,

It opens me up a lot, I hear the folks in the desert, and before that those tunes, or the dances which I hear from somewhere. It sort of carries a message of . . . it's alright . . . immerse yourself in this experience [the performance]. If the experience weren't valuable for everybody there, it wouldn't have happened . . . this is the place which I really come from . . . I know very well why I do this. (Once the client could touch her pain, loneliness, and anger, she moved horizontally to a place of comfort, connection, and harmony. Regaining her self-worth she could make a vertical shift with a wider perspective of herself.)

At the end of the session, she felt a deep tranquility and said, "I understand that I'm going to lead whatever will happen there; it is my way or something that I want to do and go through. I understand that I'm going to lead." The therapist asked, "What body sensations go with this place?" (The therapist tried to make the sense of her center more accessible to facilitate its integration on all levels of information.)

Yes, it's strange; my body sensation is like going on stage on the heels I've put on this evening. I need them when I'm drumming. This is a kind of erect posture . . . and the feeling of the costume for the stage . . . taking this opportunity, taking this excitement, understanding what it needs because I listened to it for a moment, and channel it into something that helps me stand upright." (Standing upright, between sky and earth, emerged as the sense of her center was transformed into a new sense of wholeness. Her AIP system expanded to the spiritual level at which a transformation of the self [identity] occurred.)

Differentiation and Linking—Complementary Aspects of the Adaptive Information Processing System

Differentiation and linking are additional dialectical concepts that may enrich our understanding of the AIP system. Linking relates to the tendency to be part of, to connect, to get close, to identify with, and to belong. Differentiation relates to the tendency to be apart, to separate, to distance, to put a boundary, and to be autonomous. These are basic developmental processes named differently by various writers: separation and connection (Klein, 1976; Laub & Weiner, 2007; Pipp, 1990), autonomy and intimacy (Bowlby, 1973), individuation and fusion (Bowen, 1978), self-definition and interpersonal relatedness (Blatt, 1995), and agency and communion (Wilber, 1996). Siegel (2010) defines integration as the linkage of differentiated parts of a system.

The Dialectical Interplay of Linking and Differentiation

Linking is emphasized in the AIP model as linking of the activated traumatic experiences to larger adaptive memory networks during EMDR processing (F. Shapiro, 2001). We propose that differentiation is an equally important process, complementary to linking. This dialectical interplay is crucial for the workings of the AIP system; differentiation as a process that separates condensed dysfunctionally stored experiences into various parts and linking as a process that connects them anew.

We further suggest that the AIP system operates via cycles of differentiation and linking. The condensed and fragmented trauma memory network is differentiated into more and more parts of sensory data, body sensations, emotions, thoughts, or various combinations of these, so that they can link in new ways. We also put forward that these cycles move inherently between opposites enabling new syntheses and expansion toward higher integration.

Unbalanced Differentiation and Linking

Differentiation and linking apply to the disrupting effects of trauma as well. Trauma can be manifested in biphasic patterns of psychoform and somatoform symptoms (Chu, 1998; van der Hart, van Dijke, van Son, & Steele, 2000). On the one hand, there are symptoms such as numbing, hypo-arousal, and avoidance,

and on the other hand, symptoms of flashbacks, hyperarousal, and being overwhelmed. The first group indicates too much differentiation and the second too much linking. Adaptive trauma processing restores the balance between differentiation and linking. The therapist's understanding of the client's place on this continuum can help in the use of dialectical interventions to restore balance.

Case Illustration

The following example shows the expansion of cycles of differentiation and linking during adaptive processing. A client came for a brief and focused therapy 2 months after her house was flooded. She was treated with the EMDR R-TEP protocol (E. Shapiro & Laub, 2008, 2009, 2013). Her first target was a fragment of intense uncomfortable sensation of staying at the shabby apartment of her neighbor for 2 days. On the first set of BLS, her associations were mostly sensorimotor, differentiating her discomfort into various parts, like her difficulty with taking a shower in the dirty bathroom and eating in the messy kitchen. (The pedantic woman was overwhelmed and too linked to her disgust.) On the next set of BLS, she said, "Now it occurred to me that she [the neighbor] was very distressed by the flood and didn't change the table cloth." (The client was able to distance a bit and make an adaptive link, thus allowing a horizontal dialectical movement between criticism and acceptance.) She continued to differentiate and link other parts of the episode: "The other rooms were in order; only the bathroom and kitchen were shabby, not dirty." Later, she processed her feelings of being a "prisoner of gratitude" toward the neighbor and expressed her desire to free herself. (She differentiated her desire for freedom from her sense of obligation, facilitating a horizontal dialectical movement.) As processing proceeded, she became more flexible and accepting of the neighbor and herself, linking to a sense of authentic gratitude: "I can thank my neighbor without feeling I have to repay her." This client's processing involved differentiation of various parts and aspects of her traumatic memory enabling new links to occur. As her adaptive processing proceeded cycles of differentiation and linking expanded toward higher integration, transforming her theme of feeling obligated to feeling free and authentically grateful.

A Dialectical Perspective of the Therapeutic Relationship

F. Shapiro (2001) emphasizes the importance of establishing a strong therapeutic alliance right from the beginning of EMDR therapy because clients may be highly vulnerable and need the therapist to convey a message of safety, flexibility, and unconditional concern.

Dialectical Attunement

We emphasize the importance of dialectical attunement in the therapeutic relationship. This means delicately resonating with the underlying core attachment wounds of the client (linking) as well as challenging the client to grow (differentiation). The therapist becomes aware of denied and undeveloped parts in the client and brings them to the fore in an empathic and attuned way. This helps facilitate a horizontal dialectical movement in the client between opposites like fear and courage, weakness and strength. The therapist also creates a "reparative experience" by responding to the client in dialectically opposed ways to those negatively experienced with significant others. This can strengthen the therapeutic dyad and create new adaptive memory networks. These dialectical aspects correspond with Dworkin and Errebo's (2010) conceptualization of EMDR as a two-person therapy that employs dialogue between clinician and client about the resonance, attunement, and nature of their relationship.

Case Illustration

The following example illustrates the role of dialectical attunement and dialectical interweaves in facilitating the dialectical movement when processing is stuck. A client came to therapy because of daily anxiety attacks with pain in the lower right side of his body. This was his first EMDR session. He was very controlled and self-critical, having grown up with parents who found it hard to acknowledge feelings of fear and helplessness. The traumatic event was a panic attack at the age of 10 years. He woke up his mother who tried to soothe him and asked what had happened, but he could not explain in words what he felt. After some more differentiation of the event, he felt a slight pressure in the chest. The therapist said, "OK, good, so the body begins to tell you now, pay attention, just notice . . . . (Being dialectically attuned to the client's difficulty in expressing his experience, the therapist emphasized his body language.) After another set of BLS, the client said, "It actually leads me now to . . . to the anxiety attacks I have now." After another set of BLS, he said, "I am a bit stuck." Therapist: "It is alright, nothing comes up?" Client: "No." Therapist: "So just track your body . . . you can do it without effort." (The therapist talked in a soothing tone of

voice, normalizing the discomfort of the client who felt stuck, by suggesting effortless, mindful observation.) After another set of BLS, the client said, "Yes, there is a sense of pressure around the lungs, the belly, a bit on the right side as usual . . . ." Therapist: "OK, very good, so now it comes up, this place . . . just notice." (The therapist was encouraging and interested.) After another set of BLS, the client said, "That's it, just felt I needed to breathe deeply for a moment, to take in some oxygen." Therapist: "Yes . . . are you doing it now?" (The therapist accompanied the client by being closely attuned to the client's fearful and lonely "traumatized child.") After another set of BLS, the client said, "I did before. I'm trying to think what else there was about this experience, of waking up terrified in the middle of the night and calling my mother; but, I can't get hold of anything. Perhaps it's so far back that I don't remember what." Therapist: "Yes, but the body remembers, just bring yourself back to . . . ." (The therapist's encouragement was dialectically attuned to the client's sense of failure, helping facilitate the horizontal dialectical movement between feeling incompetent and competent.) After another set of BLS, the client said, "Thinking about the 10 years old, it just was a feeling of total loss of control that's what happened to me . . . and why doesn't it go away? Why does it last so long? Sometimes it really was hours upon hours of suffering." After another set of BLS, the client said, "I always feared my parents wouldn't believe me if I describe to them that something is happening to me . . . I don't know why. They never gave me the feeling that I can't talk to them. They never told me it's wrong to feel such things. I just jumped to that conclusion at a very young age. As if something is happening to me now and I'm going to keep it to myself." (The therapist was attuned to the client's fears, recognizing and validating them as opposed to his experience with his parents. She was continuously with him in the small nuances of his body so that he began to sense that any experience he had was alright.) Therapist: "Yes, so pay attention to that need for keeping it to yourself." (The therapist attempted to help the client notice his disowned feelings to facilitate the horizontal dialectical movement between hiding and sharing.) Client: "It's quite a burden; I'm hiding a demon in the closet . . . I'm stuck again." Therapist: "OK, so let's now just check; you know once in a while we do this check. If we go back to the target memory, notice if something has changed?" Client: "As if I can't point my finger, I think it's really the question that drove me mad for so many years. What the hell was wrong? Ah . . . wait . . . I am trying to remember, when I was 10 or 12 years old I had my appendix removed." (The client now linked to the experience of having an appendix operation at the age of 10 which explained the pain on the right side of his body during the anxiety attacks.) The therapist was dialectically attuned verbally and nonverbally, to the lonely, frightened, and helpless "traumatized child," providing a repairing experience in which the therapist was not afraid of the expression of weakness as were the client's parents. The client could feel safer in linking to his fearful experiences and differentiate them openly. The therapist stayed close, active, and containing to give the client a sense of being present with him that he had not felt in growing up. She encouraged the expression of the client's disowned feelings to facilitate integration, helping the client accept both his vulnerability and strength.

A Dialectical Perspective of Dual Awareness

F. Shapiro (1995, 2001) proposed that dual awareness is an essential component of EMDR therapy. Dual awareness relates the simultaneous awareness of past traumatic memories and the present safety of the therapeutic setting. F. Shapiro (2001) stresses both approaching and distancing when saying,

> It may be that the effectiveness of EMDR arises from its ability to evoke exactly the right balance between re-experiencing emotional disturbances and attaining a non-evaluative 'observer' stance with respect to the emotion and to the flow of the somatic, affective, cognitive and sensory associations that arise . . . . (p. 323)

We suggest that the capacity for dual awareness involves the client's dialectical movement between internal and external, past and present, and danger and safety—linking to the traumatic memory and differentiating from it. There is also the dialectical component of a continuous alternation between the intrapersonal focus on the traumatic memories and the interpersonal sharing with a witnessing, attuned therapist.

Mindfulness

In mindfulness practices, people are encouraged to be aware of their sensations, feelings, and thoughts without judging them (Kabat-Zinn, 1990; Siegel, 2007). In EMDR therapy, the ability to stay present while processing difficult experiences is enhanced by instructions to be mindful such as "just notice," "let whatever happens, happen" (Solomon & Shapiro, 2008). Siegel (2007) regards mindfulness as the empathic capacity

of the observing self toward the experiencing self. He relates to four aspects of mindfulness: curiosity, openness, acceptance, and love (COAL).

Mindful Dual Awareness

A Whole/Part Sequence of Mindful Dual Awareness. Inspired by Siegel's (2007) notion of 4 components of mindfulness, we noticed that during adaptive processing dual awareness expands in whole/part shifts from openness, to curiosity, to acceptance of opposites, and love. We refer to the expanding nature of dual awareness as mindful dual awareness (MDA). This whole/part sequence of MDA goes together with the expansion of levels of information and can be tracked in the client's processing:

Openness. The client begins to feel a sense of safety that enhances the capacity to observe the traumatic experience. If the client feels very threatened, MDA becomes compromised (overwhelmed and/or disconnected) and processing cannot proceed. This shut down is a sensorimotor reaction to danger. The client can resume processing and regain the capacity for MDA when a sense of safety is recovered.

Curiosity. After safety is somewhat established, the AIP system can expand to the emotional level and surprising new links come up. The client becomes involved in and curious about the unfolding associative processing. MDA is now open and curious.

Acceptance of Opposites. As the client begins to trust the process and the therapeutic relationship, and there is more openness and curiosity, the client dares to touch vulnerable places and contradictory aspects of the self. This enhances a horizontal dialectical movement to resources which counter the vulnerable places. As synthesis and acceptance of these opposites grows, new insights come up. At this stage, the AIP system expands to the cognitive level and the theme begins to be transformed. MDA is now open, curious, and accepting.

Love. As the AIP system expands to the spiritual level, the client's compassion and love toward self, others, and the universe grow, allowing a transformation of the self. It comes with a strong sense of centeredness and wholeness. MDA is now open, curious, accepting, and loving.

The Interplay of Dialectical Attunement and Mindful Dual Awareness in the Adaptive Information Processing System

Dialectical attunement and MDA interact with each other during EMDR therapy and accelerate integration as they work together.

Case Illustration

The following example illustrates the dynamic interplay between dialectical attunement and MDA within the AIP system. A client who came after a messy divorce related the trauma of hearing a humiliating exchange between her ex–father-in-law and her ex-husband. Right at the beginning of processing she asked to stop, because she was overwhelmed by her feelings. (The client's capacity for MDA closed so that processing of the AIP system could not take place.) The therapist softly encouraged her to stay with her distress "just a little bit more." (The therapist helped open the client's MDA by being dialectically attuned to her lack of trust in containing her distress. She expressed her faith that the client can do it.) The client agreed to continue processing and after a brief time felt relief. (The client's MDA opened, whereas her AIP system moved dialectically between distress and relief.) She said, "I can breathe; I feel relieved; I can see myself from the outside." (The client's MDA moved from too much linking to some differentiation from the traumatic experience.) On the next set of BLS, she said, ". . . it is not me" (the subject of his humiliating attack). As her processing proceeded, she recalled that her father, too, was belittled by her ex–father-in-law. Now she could see her father's behavior with curiosity and empathy. She could relate differently to his acceptance of the humiliating conditions of her ex–father-in-law. His was not an act of cowardice but a noble act of love, helping her to get a quick divorce. (As processing expanded, she accepted her own and her father's humiliation while feeling more worthy. Her MDA expanded to the acceptance of opposites.) Later, her AIP system moved to process her anger toward her ex–father-in-law. The therapist was attuned to her need to discharge her anger. By the end of the session, the client could feel some compassion toward him, understanding that his behavior reflected his insecurities as well as his desire to help his own son. (The client's MDA approached a spiritual level of loving kindness.)

Discussion

A Dialectical Perspective of the Transformative Aspect of EMDR Therapy

F. Shapiro (2001) describes the transformative aspect of EMDR therapy as "digesting" or "metabolizing." We propose that dialectical principles may contribute to the understanding of this "digestion" process. We suggest that the AIP system proceeds via cycles of differentiation and linking. During EMDR processing,

the activated condensed and fragmented dysfunctionally stored memory network is differentiated into various parts and new links come up, allowing further differentiation and linking. These cycles of differentiation and linking tend to move horizontally between various opposites of the individual, thus creating new differentiations and links between the trauma memory network and adaptive memory networks. They also tend to expand vertically in whole/part shifts toward higher integration. The synergetic flow of both horizontal and vertical dialectical movements creates the oscillating spiral movement of the AIP system.

Differentiation and Linking—Indispensable Components of Integration

Associative linking is an essential element of the AIP model, whereas differentiation is less emphasized. It is implied in the concept of psychological distancing where it is referred to as the capacity to view traumatic experiences from a detached perspective (Gunter & Bodner, 2009; Lee, Taylor, & Drummond, 2006; Maxfield, Melnyk, & Hayman, 2008). This is similar to what has been suggested in this article in relation to MDA. It seems that psychological distancing points to one aspect of differentiation, although we suggest a wider application of this concept. The present proposal regards differentiation, together with linking, as indispensable elements of the integrative process. They are equally crucial in MDA and in dialectical attunement.

The Application of the Dialectical Perspective in EMDR Therapy

A Map of Expanding Associative Processing and Guidelines for Dialectical Interweaves. The dialectical principles applied to the AIP system supply the EMDR therapist with a map of the client's expanding processing. They also offer guidelines for dialectical interweaves, which facilitate the horizontal and vertical dialectical movements of the AIP system in various ways. The horizontal movement can be facilitated by making the opposites accessible and validating resources. The whole/part vertical movement is facilitated by promoting integration of levels of information (sensorimotor, emotional, cognitive, and spiritual) and validating vertical shifts.

A Map of Expanding Mindful Dual Awareness and Guidelines for Dialectical Interweaves. Dialectical interweaves may also balance MDA, thus enhancing its expansion from openness, to curiosity, to acceptance of opposites, and finally to love. This goes together with the expansion of the four levels of information reflecting a wider and more whole perspective. Understanding the expanding nature of dual awareness can help the therapist be attuned to the client's stuck or unfolding MDA and intervene dialectically, if needed.

Dialectical Attunement and Guidelines for Dialectical Interweaves. Dialectical interweaves are also an indispensable part of dialectical attunement. The therapist resonates nonverbally and verbally with the client's wounds and, when necessary, uses interweaves dialectically opposed to the client's wounding experience. Dialectical attunement promotes the oscillation of the AIP system to more implicit and vulnerable places and thus to greater healing.

Dialectical Interweaves Facilitating the Spiral Movement of the Adaptive Information Processing System. Dialectical interweaves promote the spiral movement of the AIP system, downward to less accessible levels that need processing and upward to higher levels of integration and wholeness. Some of the dialectical interweaves suggested in this article are used in EMDR therapy. We suggest, however, that acquiring a dialectical perspective provides the EMDR therapist with a conceptual framework for fine-tuned interventions. It fosters additional creative ways to be present, apply accurate interweaves, and generate new procedures. An example of such a procedure is the Resource Connection Envelope in which the client accesses unique resources in each EMDR session (Laub, 2001).

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